

ALABAMA'S

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Public Health reaches out to Hispanic population

Julia Hayes and the Minority Health Section of the Office of Primary Care and Rural Health Development are doing their part to reach a growing, and sometimes challenging segment of the state's population.

With the recent influx of Hispanic people in the state of Alabama, minority health is exploring new ways to communicate more effectively with this new population, who for the majority, do not speak English. Julia Hayes has joined the minority health staff to become a link between the health department and the Hispanic community in Alabama.

"I am not a linguist. I did not come to minority health to just help with interpretation. I came to work on policy issues that will help decrease disparities of health in the state. That means working with the Hispanic, African American, Native Indian and Asian communities," Hayes said.

After hearing a presentation given by Hayes on Hispanic culture and how to address the Hispanic population in Alabama, Gwen Lipscomb, director of the Minority Health Section, asked Hayes to join the section to help diversify the staff. She then transferred to the Montgomery office in May of this year. Hayes had worked for the department for 10 1/2 years in Public Health Area 3 with the WIC Program as an area nutrition coordinator. But, in the past three or four years she had also been working with Hispanic health issues.

Hayes, whose mother is from Nicaragua and father is from El Salvador, was born in California. Her parents moved to El Salvador after she was born and she didn't



Julia Hayes' focus will be on policy issues to decrease disparities.

return to the states again until she was 17 years old to attend college. Recently Hayes has been giving presentations across the state on Hispanic culture and ideas on how to deal with the growing Hispanic community in Alabama.

Although the 2000 census states that the Hispanic population in the state is about 75,000, according to Hayes the number is much higher.

"Based on school enrollment and birth certificates, the number of Hispanics in the state is probably about

Hispanic.....continued on page 2

Hispanic.....continued from page 1

120,000. Hispanics come to Alabama for several reasons. One reason is that the rural towns in Alabama remind them of home, so it's familiar. Another reason is job opportunity. Many Hispanics will do work for wages that Alabamians will not, in construction, agriculture and at factories and mills," Hayes said.

Besides making sure that information about public health services is available in Spanish, there are other issues that minority health has to address in the Hispanic community.

"Something people probably don't think about is making sure that Hispanics have driver's licenses and social security cards. Sometimes clinics won't even assist you if you don't have some form of identification," said Hayes.

Hayes has also been working with pharmacists to make sure that information about medicine is available in Spanish. Recently she worked on translating labels for the Tuberculosis program.

"I am willing to work with any of the health agencies who want to learn more about how to communicate better with Hispanics, or if they just want to learn more information about the Hispanic culture. The ironic thing is that I always wanted to work with some international organization to help Hispanic people and now I get an

opportunity to do it right here in Alabama," Hayes said.

For more information on minority health, or to contact Julia Hayes, please call (334) 206-5396, and visit the Alabama Department of Public Health Web site at www.adph.org.

By TAKENYA STOKES

Retirees

Retiring effective Oct. 1 were the following public health employees:

- Judy Fulks - Public Health Area II
- Georgia Hebert - Health Care Facilities
- Joyce Whitehead - Houston County Health Department

Alabama Department of Public Health

Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring quality services.

ALABAMA'S HEALTH

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Marion Wilford	Photographer

Informational materials in alternative formats will be made available upon request..

Initiatives bring results: WIC caseload reaches second highest level ever

Effective initiatives and staff dedication have resulted in a wonderfully productive year for the Alabama WIC Program in 2002. The program's monthly caseload exceeded 124,000 participants in the month of August; a plateau not reached since 1994 in Alabama. August participation also represents the second highest WIC caseload in the history of the Alabama WIC Program.

Some of the reasons for the increased participation include the following:

- All clinics now have the capability to issue up to three months of food instruments. This was accomplished through the assistance of the Computer Systems Center.
- Outstationed sites
- Extended clinic hours and Saturday clinics
- Maternal and Child Health bonus money for health department clinics
- WIC-only certification forms are being used to improve clinic productivity.
- The state office began sending reminders to participants who had failed to pick up food instruments
- Birthday cards are sent to the mothers of all infants prior to their first birthday to remind the mothers that WIC is a program that continues for eligible children until age 5.
- Promotion of the program on television and at local health fairs, stores and community groups

Furthermore, computer equipment has been installed in

the majority of WIC clinics so that growth charts required for nutritional assessment may be calculated and printed by computer. This should eliminate hand plotting of growth charts in all but the smallest clinics which results in fewer audit exceptions and a better assessment of growth pattern.

"While all of these efforts have contributed to the growth and efficiency of the program, I cannot emphasize enough how much of WIC's success is due to the dedication of the staff at your WIC clinic," said Wendy Blackmon, director of the WIC Division.

"The employees of WIC display empathy and unconditional concern about the nutritional status and overall well being of the patient. In some cases, this concern is the only glimmer of compassion and hope that our mothers and children receive in their everyday environment."

The Special Supplemental Nutrition Program for Women, Infants, and Children provides nutritious foods, nutritional and substance abuse education, breastfeeding counseling, coordination with and referral to other health and social programs for pregnant women, infants and children who demonstrate nutritional risk. It also serves as an adjunct to good health care during critical periods of growth and development.

WIC is available in all counties, and food instruments are used at WIC-approved grocery stores statewide.

Don't put babies on adult beds

The U.S. Consumer Product Safety Commission and the Juvenile Products Manufacturers Association have teamed up to launch a national safety campaign aimed at reducing deaths associated with placing babies in adult beds. The commission's data shows 180 children age 2 or younger died between 1999-2000 after being placed in adult beds. The campaign targets new and expectant parents, daycare providers, hospitals and health departments. Babies placed in adult beds are at risk of dying due to

- becoming trapped between the bed and wall or between the bed and another object;
- becoming trapped by headboards, foot boards or bed frames;

- being suffocated by soft bedding or pillows; and
- being squished by another child or adult.

Reprinted from Family Safety & Health, Fall 2002

A letter from Sylacauga Medical Clinic to the Talladega/Coosa Subunit

As I was sitting in my office today talking with Karen from your office, I realized I needed to share some things with the entire staff at Talladega County Home Health. Dr. Habash and I want you to know how much we appreciate your dedication in caring for our patients. As you know, you are the only link we have to some of our home bound patients and that link is so vitally important for the survival and wellbeing of those individuals.

We want you to know also that when we call you, we are confident of the quality of care that they will be receiving. I hear from our patients and their families the extra efforts being made by the aides, the nurses, and all the support staff. Mrs. X is a very good example of the difference you make in people's lives. Shortly after consulting with Judy Williams, R.N., on the phone your staff had the process in motion. I appreciate the timely manner in which you responded to my request and all that you have accomplished to increase the quality of life for

Mrs. X. She told me herself how hard the lady works that comes out to help her with her bath. "She scrubs me clean." She now has her electric wheelchair, a ramp has been installed, and for the first time in years she is able to go outside of her home without assistance.

None of these things could have been accomplished without the communication we have developed. I appreciate the phone calls and the faxes you provide so that we are aware of everything going on with our patients.

In short, you make a huge difference in many people's lives and we appreciate you every day. You make my job easier and I will continue to trust our patients to your care. Thank you for the wonderful job you have done and continue to do caring for our patients.

Sincerely,
Connie Lowe, R.N.
Office Manager

Keep kids safe from fire

According to the National Fire Protection Association, 232 people were killed in 1998, and \$235 million in property was destroyed in fires attributed to children playing with fire. These are preventable fires. Here are some fire safety tips for every household with children.

- Store matches and cigarette lighters up high and out of the sight and reach of children, preferably in a locked cabinet.
- Teach children to tell an adult if they find matches or lighters.
- Identify and eliminate fire and burn hazards in your home.
- Be a role model with such items as candles and fireplaces. Never play with fire. Children emulate adult behavior.
- Teach your children how to report an emergency. Post 9-1-1 stickers and other emergency numbers near your telephones.

- Have your children memorize their home telephone number and address, including city and state. Plus, teach them to get out first and then call for help.
- Teach the "stop, drop and roll" technique for clothes on fire. For those who use wheelchairs, learn how to use a rug or heavy fabric to smother flames, says Julie Reynolds, assistant vice president of the fire protection association.

Reprinted from Family Safety & Health, Fall 2002

Kathy Vincent presented ASTHO's Swearingen Award

Staff Assistant Kathy C. Vincent, L.C.S.W., was named recipient of the 2001 Noble J. Swearingen Award of the Association of State and Territorial Health Officials at its annual conference in Nashville, Tenn., on Sept. 12.

Due to the tragic events of September 2001, last year's awards were presented at this year's conference. Since 1979, the Noble J. Swearingen Award, named for a former Executive Director of ASTHO, has been bestowed on one individual in public health administration who has 10 or more years of experience in a state health agency and five or more years in service to the ASTHO Management Committee or in some other capacity. Ms. Vincent has line responsibility for the Bureau of Home and Community Services, the Office of Professional and Support Services, and the Office of Children's Health Insurance. Before this position, Ms. Vincent served as the Social Work Director for the department.

She is a past president of the Association of State and Territorial Public Health Social Work, a member of the National Academy of State Health Policy, and the Chair of the Public Health Leadership Society Council. In addition, Ms. Vincent is a past chair of the ASTHO Management Committee and has served on that committee since 1994.

The Association of State and Territorial Health Officials is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice.



Kathy Vincent receives the Noble J. Swearingen Award from A. Richard Melton, Dr.P.H., Deputy Director, Utah Department of Health and ASTHO Past President. Ms. Vincent has held several leadership positions in the association whose mission is to formulate and influence sound public health policy and to assure excellence in state-based public health practice.

The Artemis Program which tracks infants and contacts of patients who have chronic hepatitis B, described in the September issue of *Alabama's Health*, also was honored with the Vision Award at the conference.

Commendations

Health department employees who are listed here have received letters of commendation recently. To recognize other employees, please send letters through your supervisors or the state health officer to *Alabama's Health*.

Cindy Aldridge

Communications and Social Marketing

from Geraldine Daniels
Montgomery, Ala.

Diane Beeson

Health Promotion and Chronic Disease

from Jeff Atkins
Birmingham, Ala.

Jill Brewer

Center for Health Statistics

from Carolyn Kirkland
Marianna, Fla.

Kathryn Chapman

Center for Health Statistics

from Clyde Barganier, Dr.P.H.
Gwendolyn Lipscomb
Montgomery, Ala.

Brenda Davis

Montgomery County Health Department

from Marjorie Harris
Montgomery

Jackie Esty

Center for Health Statistics

Commendations.....continued on page 11

Etowah County sponsors block party

The clinic and home health staff of the Etowah County Health Department held a highly successful block party on Saturday, Sept. 14, as an outreach project to reacquaint the community with the health department.

“It was a really fun day, and we had about 250 participants,” said Anita Collier, R.N., who was a member of the committee which organized the event to improve awareness of public health. “Almost all our employees volunteered to help. It was really a big community day.”

The four-hour-long block party was planned as a way to announce that Gadsden and Etowah County have agreed to help finance the department’s move to a facility which will be constructed in East Gadsden. The once thriving neighborhood where the new building will be constructed was the site of the block party. Neighbors are eagerly anticipating a renewal when the new building opens.

Children enjoyed games, fingerpainting and face painting while adults were screened for hypertension and elevated glucose levels. All were offered educational materials about the services available at the health department. City and county officials also attended the special event.

Representatives from public health programs such as ALL Kids, HIV/AIDS, Plan *first* and tobacco prevention were present to provide information about their services. Members of the local fire department brought a “Smoke House” to educate the children about fire safety.

Vendors donated hundreds of hot dogs and the local Neighborhood Watch chairman volunteered to be the cook. Donations from local merchants were generous and included helium balloons for the children. A print shop furnished tables and chairs, while a funeral home provided tents and even set them up. Numerous door prizes were also given to the participants.

Ms. Collier laughed that it seemed from the crowds at the health department that the message of public health has been heard. A number of outreach events have been held recently to promote public health in the community.



Local elected officials joined clinic staff in the fun at the block party. Shown are David Williams, court manager; Robert Avery, city councilman; Marie Franklin, Family Success Center; Willie Brown, county commissioner; Anita Colier, clinic supervisor; and Steve Means, Gadsden mayor.



Home health nurse Pam Talbot is shown taking a participant’s blood pressure.

Health department honors the memory of Clara Mae Williams

Coworkers, family and friends of Clara Mae Williams gathered to pay tribute to the late public health social worker at a tree planting ceremony on



Dr. Timothy Marlow painted this portrait of Miss Williams which will be displayed at the health department.

Sept. 23 at the Dallas County Health Department. Ms. Williams, age 35, died in an automobile accident on her way to the office in Selma on May 15.

“She was an excellent worker,” said Ashvin Parikh, assistant area administrator. “She was always smiling, always willing to go out of her way to help the patients. The patients loved her.”

In addition to planting a red maple tree at the health department, a portrait painted from memory by Dr. Timothy Marlow was unveiled. Ms. Williams worked with Dr. Marlow on maternity cases and family planning. The oil painting and a plaque will hang on a wall in the health department. The Williams family was also given a plaque.

The ceremony began with a welcome by Parikh, followed by an invocation by the Rev. Darryl Moore and a song by Addie Allen. Remarks by Dr. Marlow; Dollie Hambrick, public health social work director; Ruth Underwood, area administrator; family members and others followed.

Tara Utsey, a dear friend and co-worker, said, “Clara never had a bad day. If she did, you never knew it. She was my counselor. She was the glue that held us together.”

Statements made about Ms. Williams included the following:

- She had a smile you could never forget.
- She was very active in her church. God always came first

in her life.

- Great team worker
- Everyone that met her loved her.
- As a counselor she could make a very quiet patient open up and talk when no one else could.
- She loved children.

One of those special children was her goddaughter. The child’s mother once wrote the health department how Ms. Williams had truly cared for her like a sister when she was in despair during her pregnancy.

A graduate of Alabama State University, Ms. Williams was employed with the Dallas County Health Department from October 1991 until her death.



A tree was planted on the Dallas County Health Department grounds in her memory.

Alabama Arthritis Prevention and Treatment Coalition exchanges ideas and information

The Alabama Arthritis Prevention and Treatment Coalition held its fourth meeting on Sept. 17. Participants from around the state came together to exchange information and ideas on how to better treat arthritis in Alabama.

Dr. Donald Williamson, state health officer, said, "This coalition has been formed with responses from many statewide partners. Because of you Alabama has been recognized locally and nationally for its efforts in

and does not affect all individuals in the same manner. The coalition hopes its efforts lead to better informed citizens who will know how to recognize early symptoms of arthritis, seek proper medical treatment, and pursue positive self-management techniques.

The Alabama Department of Public Health, through contract agreements, have partnered with the Alabama Chapter of the Arthritis Foundation and the University of Alabama at Birmingham through a grant from the Centers for Disease Control and Prevention.

For more information contact Linda Austin, R.N., Arthritis Prevention Branch director, Alabama Department of Public Health, at (334) 206-5603, e-mail laustin@adph.state.al.us.

By TAKENYA STOKES



State Health Officer Dr. Don Williamson addressed the Arthritis Prevention and Treatment Coalition meeting Sept. 17.

addressing the burden of arthritis."

The statewide coalition was formed in February 2000 and developed a State of Alabama Arthritis Plan to meet the needs of persons at risk for, or already having, arthritis and the needs of general health providers engaged in arthritis prevention and treatment.

Speakers at the coalition meeting discussed issues such as strategies to address the needs of those living with arthritis and how to reach persons in rural areas better. In addition to the speakers, there were also workgroup exercises for participants to engage in discussion about specific aspects of arthritis.

"I believe that the coalition meeting was a success," said Linda Austin, R.N., director of the Arthritis Prevention Branch. "I received positive feedback from the participants and believe that the meeting generated good discussion."

Arthritis affects an estimated one million Alabamians



Ann O'Nihill, coordinator and post-rehabilitation aquatic therapist, led an exercise break for coalition attendees. Thirty-six percent of Alabamians have some form of arthritis.

New prevention specialist joins Diabetes Branch

The Diabetes Branch welcomes Darrlyn Cornelius, a prevention specialist from the Centers for Disease Control and Prevention. Ms. Cornelius is part of the Public Health Prevention Service Program, called PHPS, implemented by the CDC that trains prevention specialists who then go out and further their skills in field placements across the country. The prevention specialists work for two years at their placements developing skills in planning, implementing and evaluating programs and interventions.

Ms. Cornelius, a native of Macon, Ga., will work with the Diabetes Branch for two years. Her primary work will focus on program planning and evaluation and she will be involved at the local level with community and public health departments.

Ms. Cornelius attended Paine College in Augusta, Ga., where she received a Bachelor of Arts in Sociology in 1999. She then attended Florida A& M University in Tallahassee, Fla., where she received a Master's of Public Health degree in Behavioral Sciences and Health Education in 2001. After finishing graduate school Ms. Cornelius went on to work with the CDC in Atlanta as part of PHPS program, which is a three-year training program.

The training program is for those who desire an opportunity to develop a variety of skills and acquire challenging work experiences. In their first year of the program prevention specialists work at CDC in two program areas and participate in skill-enhancing training in public health sciences.

"This is great training for someone coming out of graduate school," says Cornelius, who completed two six-month rotations. The first program she worked with was the National Center for Chronic Disease and Health Promotion with the Unintended Pregnancy Program and setting up a new women's health surveillance system. Her second rotation was with the National Center for Infectious Diseases working with the Recreational Water Program, helping to begin the process of establishing a pool contamination prevention plan to implement nationwide.

After the prevention specialists finish the three-year programs, they have the option of continuing working with their field assignments, working for community-based programs or returning to the CDC to work with their programs.

The process for attaining a prevention specialist requires many steps. The first phase in applying is a two-

page letter of intent submitted to the public health program in December. If the letter of intent is accepted the second phase is to submit

a full PHPS application by February, which a selection committee will then review in March.

In the third phase applicants are notified of their acceptance and allowed to speak with the prevention specialist candidates about what their field position programs offer. Finally applicants are allowed to meet interested

prevention specialists face to face at the PHPS Interview Day. The health agencies will then notify interested applicants if they are successful in receiving a prevention specialist.

"We are very excited to have Darrlyn working with us. I believe that she will be very instrumental in helping us to reach our program goals while she is assigned here," said Sandra Langston, director of the Diabetes Branch, Chronic Disease Prevention Division, Bureau of Health Promotion and Chronic Disease.

By TAKENYA STOKES



CDC Prevention Specialist Darrlyn Cornelius will be honing her skills.

SPEAKING OF RETIREMENT: Women and Retirement

- * The average woman earns 74 cents for every dollar a man earns.
- * Fifty-four percent of women are not covered by a pension.
- * The average age for widowhood in the U.S. is 56.
- * One in two marriages will end in divorce.
- * On average, women live seven years longer than men.
- * Nearly three out of four working women earn less than \$30,000 a year, and nearly nine out of ten working women earn less than \$45,000.
- * In 2001, the average monthly Social Security retirement benefit for women was \$756; the average benefit for men was \$985.

Because of these facts, women will need to spread their retirement dollars further. Retirement estimates show that retirees need between 60 and 80 percent of their preretirement income to retire comfortably. For example, if a man and a woman both decide to retire at age 60 at a salary of \$35,000, they will need between \$21,000 and \$28,000 in retirement income to maintain their preretirement incomes. The man will need a total of \$433,650 during his projected retirement years. On the other hand, the woman will need a total of \$539,000.

The National Council on Teacher Retirement lists reasons why women need to save more:

1. Raising children. Women are more inclined to seek part-time employment, usually in lower paying, service-related positions.
2. Caring for a parent. Being the caretaker can run up medical bills and cause changes in living arrangements.
3. Widowhood. When a spouse dies, living expenses are not cut in half as some think.
4. Earnings issue. Women earn less than men.
5. Risk issue. Women invest more conservatively which lowers risk but also lowers the return.
6. Savings issue. Women tend to spend before retirement a large percentage of money from their qualified retirement plans on well-intentioned ways to get ahead.

What strategy should women use to get ahead?

1. Invest in a tax deferred savings plan to the fullest of your ability.
 2. Start saving on a regular basis. Saving a little bit at a time will amaze you at how much it will increase over time.
 3. Become informed and take control before it is too late. Education is the key. The more you know, the better choices and decisions you will make.
- * Make money management a routine in your life.
 - * Make retirement a top priority.
 - * Increase your contributions to your qualified retirement plan.
 - * Sign up for financial-planning workshops.
 - * Join an investment club.

The only way to retire comfortably is to take charge today. It is never too early to start saving. However, it is up to you to ensure retirement funds will be there when you are ready.

Reminder: The deadline for certified law enforcement officers, firefighters and correctional officers to make payment to convert prior years service to enhanced service for hazardous duty bonus time at retirement is Dec. 31, 2002. For current employees of the Alabama Forestry Commission, the deadline to purchase service as a firefighter with the Alabama Forestry Commission is Dec. 27, 2003.

Prepared by the Communications staff of the Retirement Systems of Alabama. To have your questions answered in "Speaking of Retirement", please address them to Mike Pegues, Communications, Retirement Systems of Alabama, 135 South Union St., P. O. Box 302150, Montgomery, Ala. 36130-2150.

National Breast Cancer Awareness Month

encourages women to be screened for breast cancer

October is National Breast Cancer Awareness Month. Breast cancer is the most commonly diagnosed cancer in women in the United States and is the second leading cause of cancer deaths in women. In 2002, Alabama is estimated to have 3,100 new cases of breast cancer and 600 deaths.

The use of cancer screening and early detection procedures is an effective approach to cancer control. The American Cancer Society recommends the following:

- women ages 20 and over should perform monthly breast self exams,
- women between the ages of 20 to 39 should perform monthly breast self examinations and have clinical breast exams performed by a health care professional every three years,
- women ages 40 and over should perform monthly breast self-exams, get clinical breast exams annually and have mammograms every year.

If a lump is found during these exams, then your doctor may perform further tests. Most lumps are not cancerous, but they should be examined so that a proper diagnosis can be made.

"Be a hero to yourself and take part in breast cancer early detection services," said Natasha Ptomey, health educator with the Alabama Breast and Cervical Cancer Early Detection Program of the department.

It is not known exactly what causes breast cancer, but certain risk factors may increase a person's chance of being afflicted by the disease. For instance, the main risk factor is being a woman; a second risk factor is age. As a person grows older, breast cancer risk increases. Other risk factors include inheriting a changed or mutated gene from either parent, having a family history of breast cancer, and race.

Caucasian women get breast cancer at higher rates than African American women. However, African American women die from this disease at a higher rate than Caucasian women and women of other ethnic groups. Furthermore, many women who have some of these risk factors may never be diagnosed with breast cancer, and over 60 percent of women diagnosed with breast cancer have none of the risk factors except for simply being a woman.

Signs and symptoms of breast cancer include skin irritation or dimpling of the breast, nipple discharge other than breast milk, a painless and hard lump, swelling of part of the breast, nipple pain or nipple turning inward, and redness or scaliness of the nipple or breast skin. However,

few women will experience all of these symptoms.

Free pelvic exams and pap smear and free clinical breast exams are offered to women age 40 to 64 who do not have any insurance or who are underinsured and who meet the income eligibility guidelines. Women ages 50 to 64 without insurance or who are underinsured and meet the income eligibility guidelines will receive free screening mammograms in addition to the services mentioned.

Diagnostic services are covered, if indicated, and treatment is available for those diagnosed through the ABCCEDP who meet residential and citizenship criteria and have no other type of insurance coverage. Treatment is provided through the Alabama Medicaid Agency.

For more information, please call the toll-free at 1-877-252-3324.

Commendations....continued from page 5

from Marilyn Williams
Kennesaw, Ga.

Tammy Langlois
Health Promotion and Chronic Disease

from Martha Ellis
Prattville, Ala.

Susan List
Center for Health Statistics

from Jackie Penny
Gadsden, Ala.

Veronica Moore-Whitfield
Center for Health Statistics

from Charlotte McCombs
Birmingham, Ala.

Joann Robinson
Center for Health Statistics

from Betty Sue Hicks
Hollywood, Fla.

Betty Strickland
Center for Health Statistics

from Martin L. Waller
Chattanooga, Tenn.

October is Breast Cancer Control Month, Child Health Month, Family Health Month, National Breast Cancer Awareness Month, National Campaign for Healthier Babies Month, and National Dental Hygiene Month.

Calendar of Events



October 16

“Implementing Successful School-based Physical Activity, Nutrition and Tobacco (PANT) Prevention Programs,” Public Health Staff Development, 2-4 p.m. For more information contact Debbie Thomasson, (334) 206-5655.



October 17

Social Work Inservice, 9-11 a.m. For more information contact Dollie Hambrick, (334) 206-5664.



November 4

“A Conceptual Framework for Achieving Cultural Competence in Health Care,” 1-4 p.m. For more information contact Gwen Lipscomb, (334) 206-5396.



November 5

Risk Communication, Part one of six, 1-3 p.m. For more information contact Jamey Durham, (334) 206-5605.



November 6

“Caring for the Stroke Patient in the Home,” Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



November 12

“The National Public Health Performance Standards: Does Your State Measure Up?” American Public Health Association Satellite Conference Program, 1:30-3:30 p.m. For more information contact Video Communications, (334) 206-5618.



November 19

Risk Communication, Part two of six, 1-3 p.m. For more information contact Jamey Durham, (334) 206-5605.



November 20

“Hormones and Headaches: What’s the Connection to Women’s Health?” Public Health Staff Development, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.



November 26

Risk Communication, Part three of six, 1-3 p.m. For more information contact Jamey Durham, (334) 206-5605.



December 3

Risk Communication, Part four of six, 1-3 p.m. For more information contact Jamey Durham, (334) 206-5605.



December 5

ADPH Statewide Staff Meeting. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.